

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

In Re. 2nd Chance Investment Group, LLC,

§
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Case No. 22-12142

Debtor(s)

Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 03/31/2023

Petition Date: 12/21/2022

Months Pending: 3

Industry Classification: 5 3

Reporting Method:

Accrual Basis

Cash Basis

Debtor's Full-Time Employees (current):

0

Debtor's Full-Time Employees (as of date of order for relief):

0

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- Statement of cash receipts and disbursements
- Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- Statement of operations (profit or loss statement)
- Accounts receivable aging
- Postpetition liabilities aging
- Statement of capital assets
- Schedule of payments to professionals
- Schedule of payments to insiders
- All bank statements and bank reconciliations for the reporting period
- Description of the assets sold or transferred and the terms of the sale or transfer

/s/ David M. Goodrich

David M. Goodrich

Signature of Responsible Party

Printed Name of Responsible Party

04/21/2023

Date

650 Town Center Drive, Suite 600, Costa Mesa, CA

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

| Part 1: Cash Receipts and Disbursements | Current Month | Cumulative |
|--|----------------------|-------------------|
| a. Cash balance beginning of month | \$1,250 | |
| b. Total receipts (net of transfers between accounts) | \$2,250 | \$3,514 |
| c. Total disbursements (net of transfers between accounts) | \$0 | \$0 |
| d. Cash balance end of month (a+b-c) | \$3,500 | |
| e. Disbursements made by third party for the benefit of the estate | \$3,197 | \$3,197 |
| f. Total disbursements for quarterly fee calculation (c+e) | \$3,197 | \$3,197 |

| Part 2: Asset and Liability Status | Current Month |
|--|----------------------|
| (Not generally applicable to Individual Debtors. See Instructions.) | |
| a. Accounts receivable (total net of allowance) | \$22,950 |
| b. Accounts receivable over 90 days outstanding (net of allowance) | \$0 |
| c. Inventory (Book <input type="radio"/> Market <input type="radio"/> Other <input checked="" type="radio"/> (attach explanation)) | \$0 |
| d. Total current assets | \$7,221,261 |
| e. Total assets | \$7,221,261 |
| f. Postpetition payables (excluding taxes) | \$0 |
| g. Postpetition payables past due (excluding taxes) | \$0 |
| h. Postpetition taxes payable | \$2,655 |
| i. Postpetition taxes past due | \$0 |
| j. Total postpetition debt (f+h) | \$2,655 |
| k. Prepetition secured debt | \$4,376,807 |
| l. Prepetition priority debt | \$0 |
| m. Prepetition unsecured debt | \$6,626,142 |
| n. Total liabilities (debt) (j+k+l+m) | \$11,005,604 |
| o. Ending equity/net worth (e-n) | \$-3,784,343 |

| Part 3: Assets Sold or Transferred | Current Month | Cumulative |
|--|----------------------|-------------------|
| a. Total cash sales price for assets sold/transferred outside the ordinary course of business | \$0 | \$0 |
| b. Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business | \$0 | \$0 |
| c. Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b) | \$0 | \$0 |

| Part 4: Income Statement (Statement of Operations) | Current Month | Cumulative |
|---|----------------------|-------------------|
| (Not generally applicable to Individual Debtors. See Instructions.) | | |
| a. Gross income/sales (net of returns and allowances) | \$2,250 | |
| b. Cost of goods sold (inclusive of depreciation, if applicable) | \$0 | |
| c. Gross profit (a-b) | \$2,250 | |
| d. Selling expenses | \$0 | |
| e. General and administrative expenses | \$0 | |
| f. Other expenses | \$0 | |
| g. Depreciation and/or amortization (not included in 4b) | \$0 | |
| h. Interest | \$0 | |
| i. Taxes (local, state, and federal) | \$0 | |
| j. Reorganization items | \$0 | |
| k. Profit (loss) | \$0 | \$0 |

Part 5: Professional Fees and Expenses

| a. | | | Approved Current Month | Approved Cumulative | Paid Current Month | Paid Cumulative |
|--------|---|------------------------|------------------------|---------------------|--------------------|-----------------|
| | Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i> | | \$4,480 | \$14,245 | \$0 | \$0 |
| | <i>Itemized Breakdown by Firm</i> | | | | | |
| i | Firm Name | Role | | | | |
| i | Financial Relief Law Center | Lead Counsel | \$0 | \$0 | \$0 | \$0 |
| ii | David M. Goodrich | Other | \$4,480 | \$14,245 | \$0 | \$0 |
| iii | Grobstein Teeple | Financial Professional | \$0 | \$0 | \$0 | \$0 |
| iv | Goe Forsythe Hodges | Other | \$0 | \$0 | \$0 | \$0 |
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| b. | | | Approved Current Month | Approved Cumulative | Paid Current Month | Paid Cumulative |
|-----------------------------------|--|------|------------------------|---------------------|--------------------|-----------------|
| | Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i> | | | | | |
| <i>Itemized Breakdown by Firm</i> | | | | | | |
| | Firm Name | Role | | | | |
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| c. | All professional fees and expenses (debtor & committees) | | | | | | |

Part 6: Postpetition Taxes

| | Current Month | Cumulative |
|--|---------------|------------|
| a. Postpetition income taxes accrued (local, state, and federal) | \$0 | \$0 |
| b. Postpetition income taxes paid (local, state, and federal) | \$0 | \$0 |
| c. Postpetition employer payroll taxes accrued | \$0 | \$0 |
| d. Postpetition employer payroll taxes paid | \$0 | \$0 |
| e. Postpetition property taxes paid | \$0 | \$0 |
| f. Postpetition other taxes accrued (local, state, and federal) | \$0 | \$0 |
| g. Postpetition other taxes paid (local, state, and federal) | \$0 | \$0 |

Part 7: Questionnaire - During this reporting period:

a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes No

b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes No

c. Were any payments made to or on behalf of insiders? Yes No

d. Are you current on postpetition tax return filings? Yes No

e. Are you current on postpetition estimated tax payments? Yes No

f. Were all trust fund taxes remitted on a current basis? Yes No

g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes No

h. Were all payments made to or on behalf of professionals approved by the court? Yes No N/A

i. Do you have: Worker's compensation insurance? Yes No
 If yes, are your premiums current? Yes No N/A (if no, see Instructions)
 Casualty/property insurance? Yes No
 If yes, are your premiums current? Yes No N/A (if no, see Instructions)
 General liability insurance? Yes No
 If yes, are your premiums current? Yes No N/A (if no, see Instructions)

j. Has a plan of reorganization been filed with the court? Yes No

k. Has a disclosure statement been filed with the court? Yes No

l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes No

Part 8: Individual Chapter 11 Debtors (Only)

| | |
|--|---|
| a. Gross income (receipts) from salary and wages | \$0 |
| b. Gross income (receipts) from self-employment | \$0 |
| c. Gross income from all other sources | \$0 |
| d. Total income in the reporting period (a+b+c) | \$0 |
| e. Payroll deductions | \$0 |
| f. Self-employment related expenses | \$0 |
| g. Living expenses | \$0 |
| h. All other expenses | \$0 |
| i. Total expenses in the reporting period (e+f+g+h) | \$0 |
| j. Difference between total income and total expenses (d-i) | \$0 |
| k. List the total amount of all postpetition debts that are past due | \$0 |
| l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| m. If yes, have you made all Domestic Support Obligation payments? | Yes <input type="radio"/> No <input type="radio"/> N/A <input checked="" type="radio"/> |

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

/s/ David M. Goodrich

Signature of Responsible Party

Chief Restructuring Officer

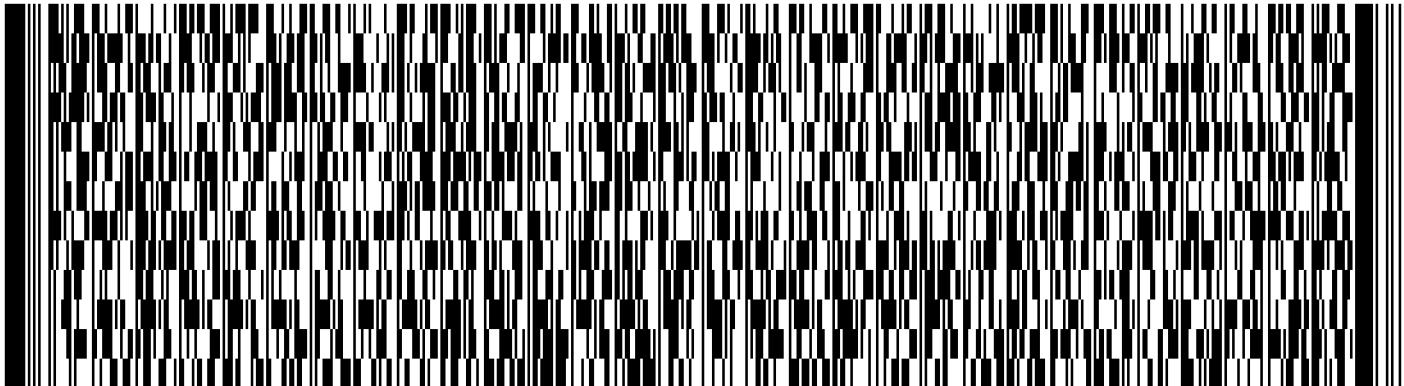
Title

David M. Goodrich

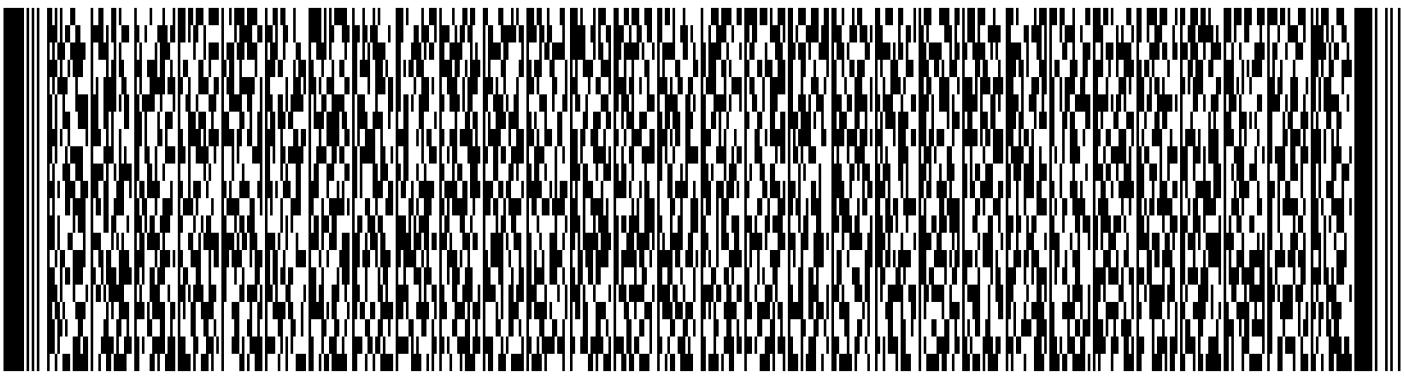
Printed Name of Responsible Party

04/21/2023

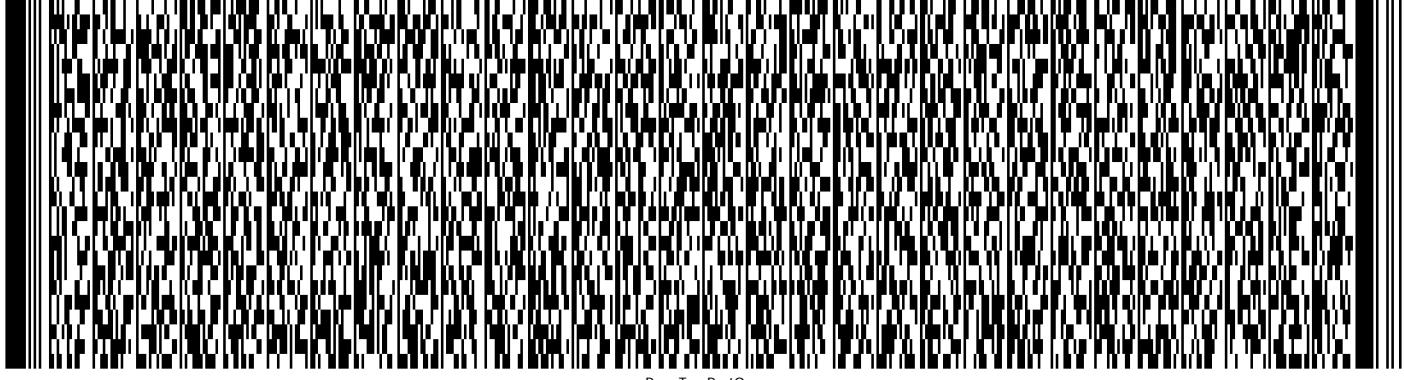
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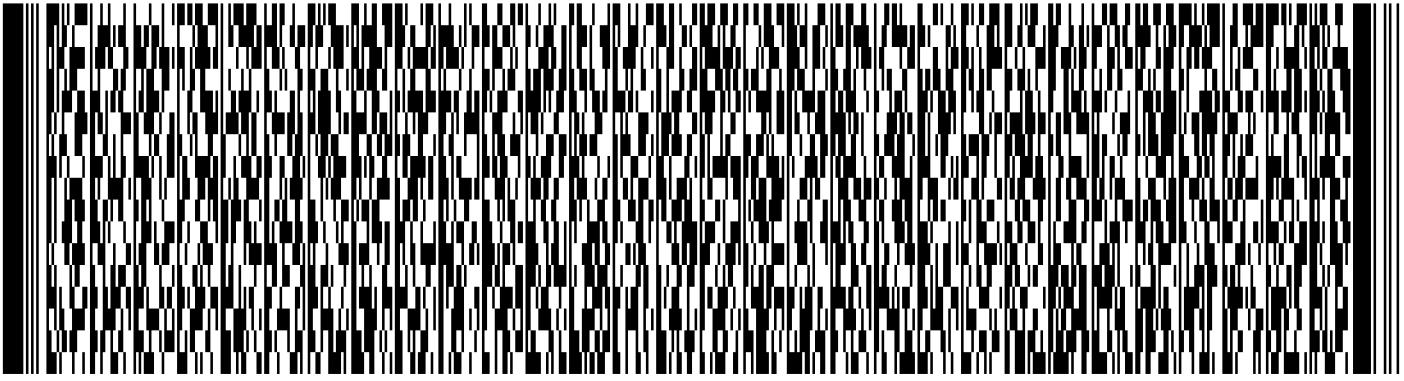
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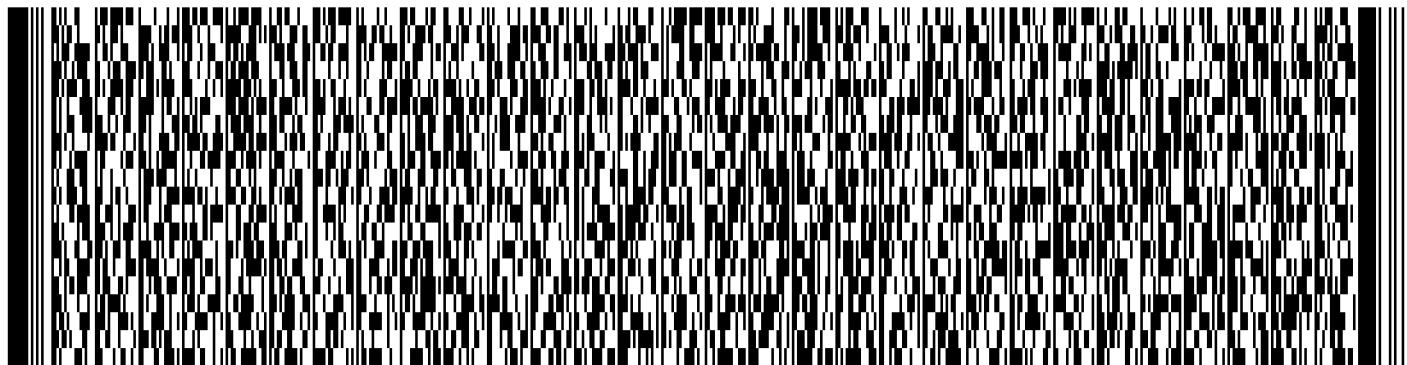
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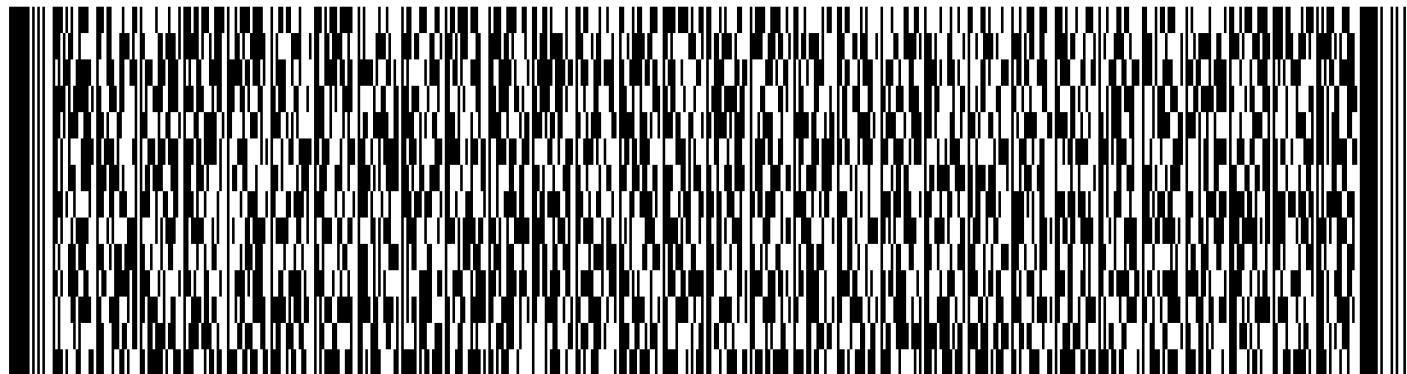
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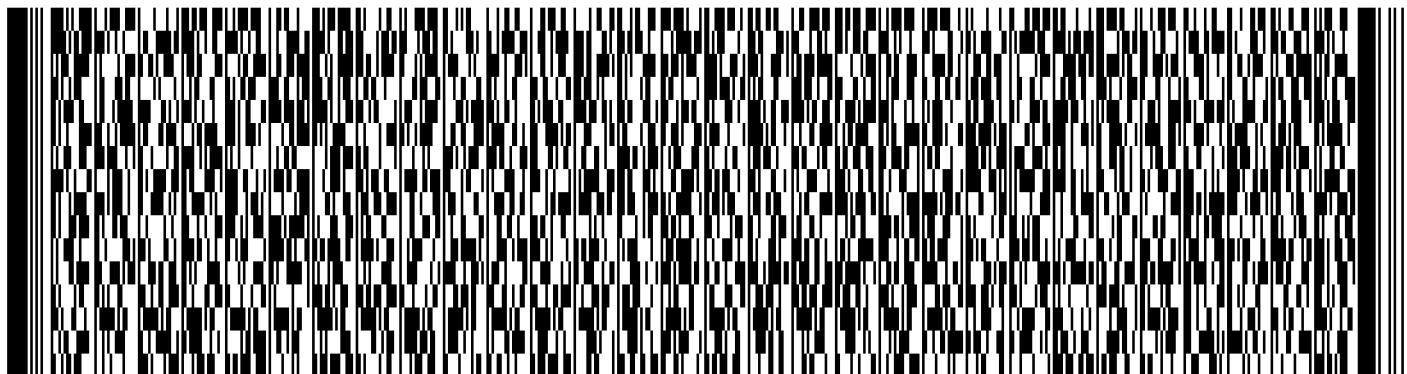
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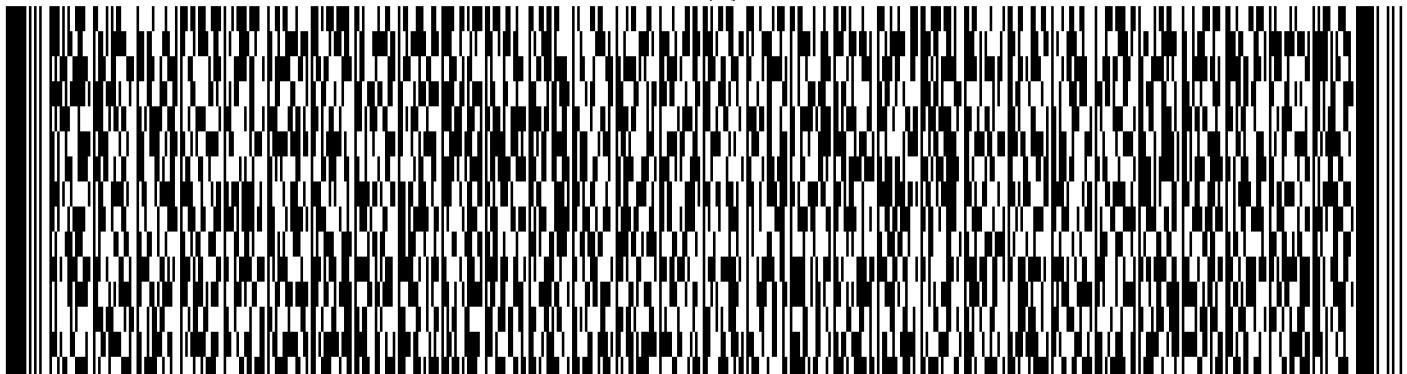
Bankruptcy1to50



Bankruptcy51to100



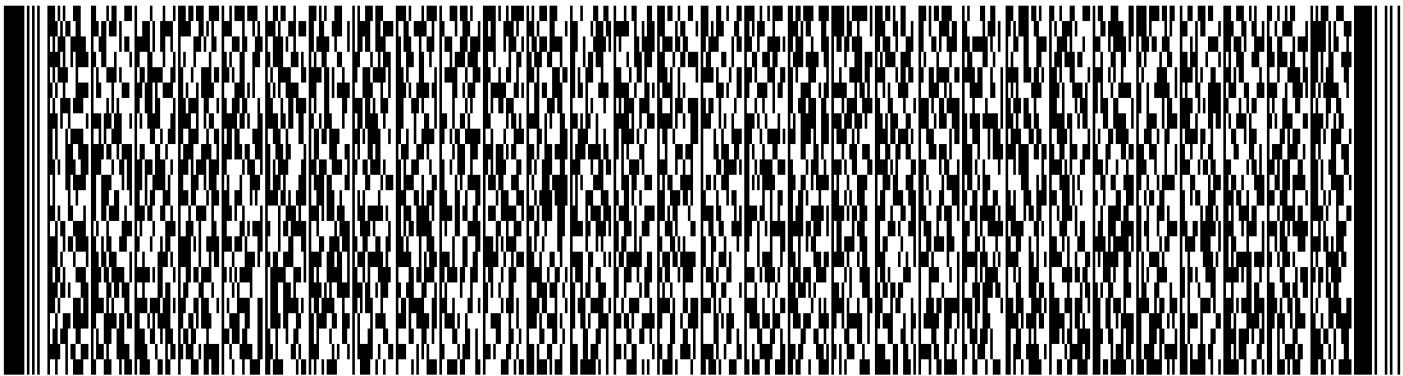
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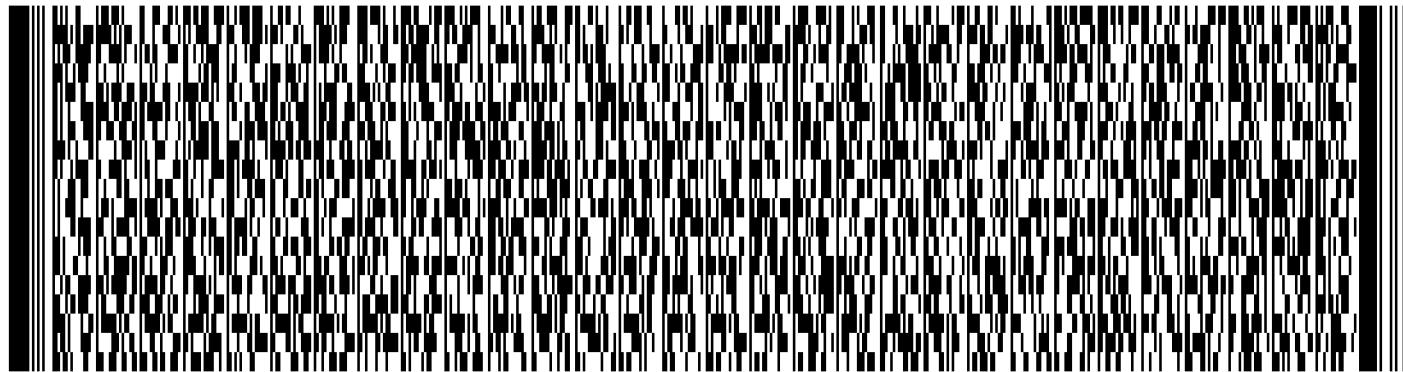
NonBankruptcy51to100

Debtor's Name 2nd Chance Investment Group, LLC,

Case No. 22-12142



PageThree



PageFour

Direct inquiries to:
888 761-3967



ACCOUNT STATEMENT
Page 1 of 1
STARTING DATE: March 01, 2023
ENDING DATE: March 31, 2023
Total days in statement period: 31
~~55-00018452~~
(0)

2ND CHANCE INVESTMENT GROUP, LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #22-12142
600 W SANTA ANA BLVD PMB 5045
SANTA ANA CA 92701-0000

Receive money with Direct Deposits.
Payments are automatically sent to your bank account so you can save yourself a trip to the bank. Talk to your payer to see if you qualify or call 888.895.5650 for more details.

Trustee-Vendor Checking

| | | | |
|-----------------|-------------|--------------------|-----------|
| Account number | 55-00018452 | Beginning balance | \$0.00 |
| Low balance | \$0.00 | Total additions | (0) .00 |
| Average balance | \$0.00 | Total subtractions | (0) .00 |
| | | Ending balance | \$0.00 |

** No activity this statement period **

OVERDRAFT/RETURN ITEM FEES

| | Total for this period | Total year-to-date |
|--------------------------|-----------------------|--------------------|
| Total Overdraft Fees | \$0.00 | \$0.00 |
| Total Returned Item Fees | \$0.00 | \$0.00 |

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER
Ending Balance of
this Statement..... \$ _____

ENTER
Present Balance in
your checkbook..... \$ _____

Add Deposits not shown
on this Statement \$ _____
\$ _____

Subtract any service
charges, finance or
any other charges..... \$ _____

Sub Total..... \$ _____

Sub Total \$ _____

Subtract Checks Issued
but not on Statement

Add Monthly Interest

Earned \$ _____

Add any deposits not yet
entered in checkbook
(Reverse Advances)..... \$ _____

Subtract any checks not
yet entered in checkbook
(Reverse Payments)..... \$ _____

| CHECK NUMBER OR DATE | AMOUNT | CHECK NUMBER OR DATE | AMOUNT |
|-------------------------|--------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

Total amount of outstanding
checks..... \$ _____

Balance..... ** \$ _____

Balance..... \$ _____

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

Direct inquiries to:
888 761-3967



9300 Flair Dr., 1St FL
El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: March 01, 2023
ENDING DATE: March 31, 2023
Total days in statement period: 31
87384109
(0)

2ND CHANCE INVESTMENT GROUP LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #22-12142
C/O DAVID GOODRICH CRO (CASH COLLATERAL)
650 TOWN CENTER DR SUITE 600
COSTA MESA CA 92626-7121

Receive money with Direct Deposits.
Payments are automatically sent to your
bank account so you can save yourself a
trip to the bank. Talk to your payer to see
if you qualify or call 888.895.5650 for
more details.

Trustee-Vendor Checking

| | | | |
|-----------------|-------------|--------------------|-----------|
| Account number | 97-01154109 | Beginning balance | \$0.00 |
| Low balance | \$0.00 | Total additions | (0) .00 |
| Average balance | \$0.00 | Total subtractions | (0) .00 |
| | | Ending balance | \$0.00 |

** No activity this statement period **

OVERDRAFT/RETURN ITEM FEES

| | Total for this period | Total year-to-date |
|--------------------------|--------------------------|-----------------------|
| Total Overdraft Fees | \$0.00 | \$0.00 |
| Total Returned Item Fees | \$0.00 | \$0.00 |

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER
Ending Balance of
this Statement..... \$ _____

Add Deposits not shown
on this Statement \$ _____
\$ _____

Sub Total..... \$ _____

Subtract Checks Issued
but not on Statement

| CHECK NUMBER OR DATE | AMOUNT | CHECK NUMBER OR DATE | AMOUNT |
|-------------------------|--------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

Total amount of outstanding
checks..... \$ _____

Balance..... * \$ _____

ENTER
Present Balance in
your checkbook..... \$ _____

Subtract any service
charges, finance or
any other charges..... \$ _____

Sub Total..... \$ _____

Add Monthly Interest
Earned \$ _____

Add any deposits not yet
entered in checkbook
(Reverse Advances)..... \$ _____

Subtract any checks not
yet entered in checkbook
(Reverse Payments)..... \$ _____

Balance..... \$ _____

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
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3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

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MEMBER FDIC

Direct inquiries to:
888 761-3967



ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: March 01, 2023
ENDING DATE: March 31, 2023
Total days in statement period: 31

97-01154116

(0)

2ND CHANCE INVESTMENT GROUP LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #22-12142
C/O DAVID GOODRICH CRO (OPERATING)
650 TOWN CENTER DR SUITE 600
COSTA MESA CA 92626-7121

Receive money with Direct Deposits.
Payments are automatically sent to your
bank account so you can save yourself a
trip to the bank. Talk to your payer to see
if you qualify or call 888.895.5650 for
more details.

Trustee-Vendor Checking

| | | | |
|-----------------|-------------|--------------------|-----------|
| Account number | 97-01154116 | Beginning balance | \$0.00 |
| Low balance | \$0.00 | Total additions | (0) .00 |
| Average balance | \$0.00 | Total subtractions | (0) .00 |
| | | Ending balance | \$.00 |

** No activity this statement period **

OVERDRAFT/RETURN ITEM FEES

| | Total for this period | Total year-to-date |
|--------------------------|-----------------------|--------------------|
| Total Overdraft Fees | \$0.00 | \$0.00 |
| Total Returned Item Fees | \$0.00 | \$0.00 |

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER

Ending Balance of
this Statement..... \$ _____

Add Deposits not shown
on this Statement \$ _____

Sub Total..... \$ _____

Subtract Checks Issued
but not on Statement

| CHECK NUMBER OR DATE | AMOUNT | CHECK NUMBER OR DATE | AMOUNT |
|-------------------------|--------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

Total amount of outstanding
checks..... \$ _____

Balance..... ** \$ _____

ENTER

Present Balance in
your checkbook..... \$ _____

Subtract any service
charges, finance or
any other charges..... \$ _____

Sub Total \$ _____

Add Monthly Interest

Earned \$ _____

Add any deposits not yet
entered in checkbook
(Reverse Advances)..... \$ _____

Subtract any checks not
yet entered in checkbook
(Reverse Payments)..... \$ _____

Balance..... \$ _____

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888 761-3967



9300 Flair Dr., 1St FL
El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: March 01, 2023
ENDING DATE: March 31, 2023
Total days in statement period: 31

072023 4123

(0)

2ND CHANCE INVESTMENT GROUP LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #22-12142
%DAVID GOODRICH CRO (RENT 37915 MARSALA)
650 TOWN CENTER DR SUITE 600
COSTA MESA CA 92626-7121

Receive money with Direct Deposits.
Payments are automatically sent to your
bank account so you can save yourself a
trip to the bank. Talk to your payer to see
if you qualify or call 888.895.5650 for
more details.

Trustee-Vendor Checking

| | | | |
|-----------------|-------------|--------------------|------------|
| Account number | 97-01154123 | Beginning balance | \$750.00 |
| Low balance | \$750.00 | Total additions | 2,250.00 |
| Average balance | \$1,959.68 | Total subtractions | .00 |
| | | Ending balance | \$3,000.00 |

CREDITS

| Number | Date | Transaction Description | Additions |
|--------|-------|-------------------------|-----------|
| 10002 | 03-08 | Image CI Deposit | 750.00 |
| 10003 | 03-16 | Image CI Deposit | 750.00 |
| 10004 | 03-22 | Image CI Deposit | 750.00 |

DAILY BALANCES

| Date | Amount | Date | Amount | Date | Amount |
|-------|----------|-------|----------|------|--------|
| 02-28 | 750.00 | 03-16 | 2,250.00 | | |
| 03-08 | 1,500.00 | 03-22 | 3,000.00 | | |

OVERDRAFT/RETURN ITEM FEES

| | Total for this period | Total year-to-date |
|--------------------------|-----------------------|--------------------|
| Total Overdraft Fees | \$0.00 | \$0.00 |
| Total Returned Item Fees | \$0.00 | \$0.00 |

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER
Ending Balance of
this Statement..... \$ _____

ENTER
Present Balance in
your checkbook..... \$ _____

Add Deposits not shown
on this Statement \$ _____

Subtract any service
charges, finance or
any other charges..... \$ _____

Sub Total..... \$ _____

Sub Total \$ _____

Subtract Checks Issued
but not on Statement

| CHECK NUMBER OR DATE | AMOUNT | CHECK NUMBER OR DATE | AMOUNT |
|-------------------------|--------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

Total amount of outstanding
checks..... \$ _____

Balance..... ** \$ _____

Add Monthly Interest
Earned \$ _____

Add any deposits not yet
entered in checkbook
(Reverse Advances)..... \$ _____

Subtract any checks not
yet entered in checkbook
(Reverse Payments)..... \$ _____

Balance..... \$ _____

Balance..... \$ _____

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ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: March 01, 2023
ENDING DATE: March 31, 2023
Total days in statement period: 31

4130

(0)

2ND CHANCE INVESTMENT GROUP LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #22-12142
"RENT - 1611B 1515ST AVE"
650 TOWN CENTER DR SUITE 600
COSTA MESA CA 92626-7121

Receive money with Direct Deposits.
Payments are automatically sent to your
bank account so you can save yourself a
trip to the bank. Talk to your payer to see
if you qualify or call 888.895.5650 for
more details.

Trustee-Vendor Checking

| | | | |
|-----------------|-------------|--------------------|-----------|
| Account number | 97-01154130 | Beginning balance | \$500.00 |
| Low balance | \$500.00 | Total additions | (0) .00 |
| Average balance | \$500.00 | Total subtractions | (0) .00 |
| | | Ending balance | \$500.00 |

** No activity this statement period **

OVERDRAFT/RETURN ITEM FEES

| | Total for this period | Total year-to-date |
|--------------------------|-----------------------|--------------------|
| Total Overdraft Fees | \$0.00 | \$0.00 |
| Total Returned Item Fees | \$0.00 | \$0.00 |

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Fill in the amounts below from the front of this statement and your checkbook.

ENTER
Ending Balance of
this Statement..... \$ _____

Add Deposits not shown
on this Statement \$ _____

Sub Total..... \$ _____

Subtract Checks Issued
but not on Statement

| CHECK NUMBER OR DATE | AMOUNT | CHECK NUMBER OR DATE | AMOUNT |
|-------------------------|--------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

Total amount of outstanding
checks..... \$ _____

Balance..... ** \$ _____

ENTER
Present Balance in
your checkbook..... \$ _____

Subtract any service
charges, finance or
any other charges..... \$ _____

Sub Total \$ _____

Add Monthly Interest
Earned \$ _____

Add any deposits not yet
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Balance..... \$ _____

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